

A View From the Field

Future Directions for Contracting Between Health Care and Community-Based Organizations

Introduction

Movement toward the integration of the health care and social services sectors to better meet the holistic health-related needs of older adults, people with disabilities and their family caregivers has gained steam over the last ten years. This movement has been catalyzed by new payment models and delivery system reforms on the part of the federal government, state governments and health care providers, which focus on value, safety and systemic quality improvement rather than the volume of services provided.

The goal of these changes is to achieve the Triple Aim of a better care experienceⁱ (including both quality and satisfaction), improved population health and lower costs (smarter spending). Aging and disability community-based organizations (CBOs) contribute to achieving this goal by adding value in managing chronic conditions; activating patients and families; reducing hospital readmission rates; avoiding long-term institutionalization; and helping people living in the community where they overwhelmingly prefer to be.

However, a disconnect between the health care and social services/long-term services and supports (LTSS) sectors has resulted in both “worlds” using different payment mechanisms and different terminology to achieve similar goals. This disconnect affects partnership building between health care and CBOs seeking to provide services to older adults and people with disabilities under contract.

With the support of The John A. Hartford Foundation, the U.S. Administration for Community Living (ACL), The SCAN Foundation and other funders,ⁱⁱ the National Association of Area Agencies on Aging (n4a) and its partners established the Aging and Disability Business Institute (Business Institute) in 2016 to build and strengthen partnerships between CBOs and the health care system to ensure better quality care for older adults and persons with disabilities. The Business Institute’s vision is to improve the health and well-being of America’s older adults and people with disabilities by linking the health care system and social services to ensure better access to services, community supports, nutritious meals, personal care, transportation, support for family caregivers and evidence-based programs, enabling them to live independently in their homes.

In June 2019, the Business Institute convened a group of roughly 50 national and community-based stakeholders to discuss the state of CBO–health care contracting and current CBO business acumen needs. This report details the discussion at the meeting and opportunities for forward action for national, state and community-based stakeholders.

The State of Contracting

Since it was established, the Business Institute has seen a significant growth in contracting between CBOs and health care entities. Request for Information (RFI) surveys commissioned by n4a and conducted by the Scripps Gerontology Center in 2017 and 2018 sought to

better understand the relationships Area Agencies on Aging (AAAs), Centers for Independent Living (CILs) and other aging and disability CBOs have with health care organizations.

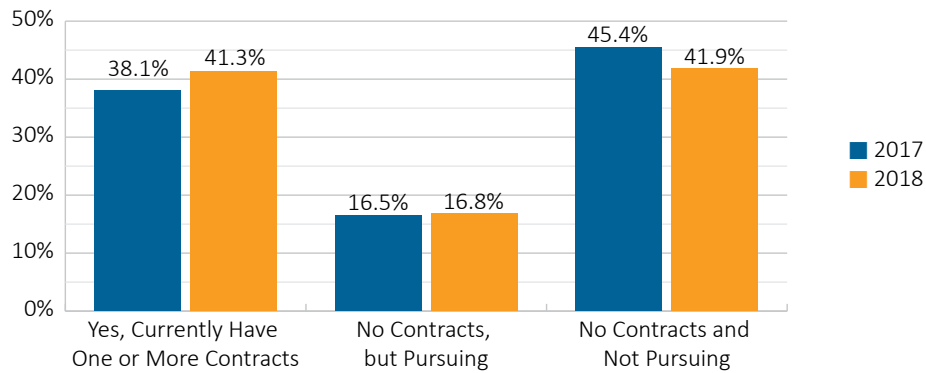
i Institute for Healthcare Improvement, *The IHI Triple Aim*, <http://www.ihl.org/Engage/Initiatives/TripleAim/Pages/default.aspx>.

ii Other funders included the Gary and Mary West Foundation, the Colorado Health Foundation and the Buck Family Fund of the Marin Community Foundation.

The 2018 survey showed that more than 41 percent of responding CBOs had at least one contract with a health care entity to provide supportive services to its

consumers, an eight percent increase in health care contracting in the one-year period between the two surveys (see Figure 1).

Figure 1: Overall Contracting Status by Year

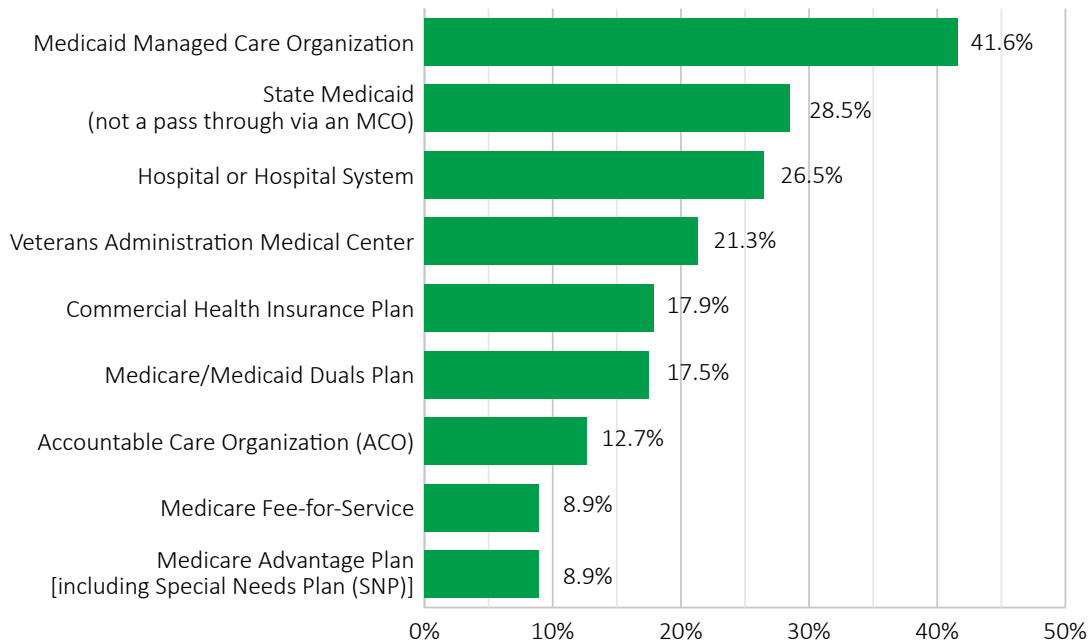


Source: Scripps Gerontology Center, *Community-Based Organizations and Health Care Contracting: Building and Strengthening Partnerships*, <http://miamioh.edu/cas/academics/centers/scripps/research/publications/2018/11/community-based-organizations-and-health-care-contracting-building-and-strengthening-partnerships.html>.

Survey results show that the most common health care contracting partners for CBOs were Medicaid managed care organizations and state Medicaid agencies. However, Medicare Advantage plans represent an important and growing contracting opportunity for

CBOs, particularly with the new flexibility for plans to provide targeted home and community-based services through the Special Supplemental Benefits for the Chronically Illⁱⁱⁱ (see Figure 2).

Figure 2: Most Common Health Care Partners for CBOs with Contracts



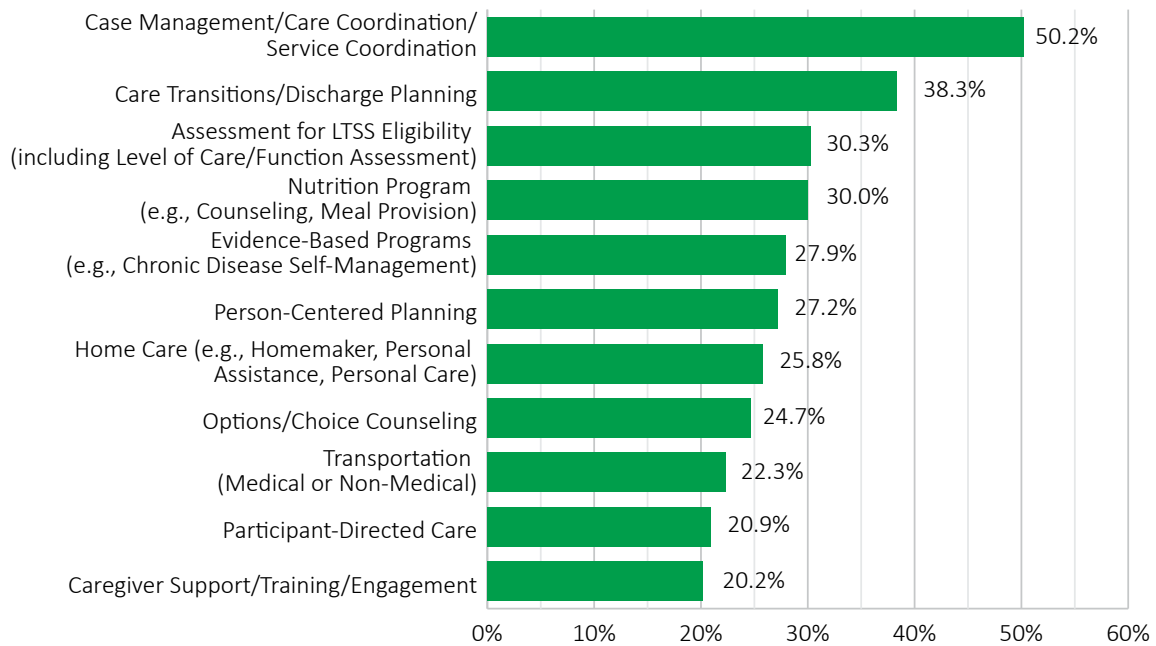
Source: Scripps Gerontology Center, *Community-Based Organizations and Health Care Contracting: Building and Strengthening Partnerships*, <http://miamioh.edu/cas/academics/centers/scripps/research/publications/2018/11/community-based-organizations-and-health-care-contracting-building-and-strengthening-partnerships.html>.

iii The Aging and Disability Business Institute, *2020 Final Call Letter Offers Guidance and Structure for Medicare Advantage Supplemental Benefits*, <https://www.aginganddisabilitybusinessinstitute.org/2020-final-call-letter-offers-guidance-and-structure-for-medicare-advantage-supplemental-benefits/>.

Reflecting the trend toward working with health care entities under Medicaid, the most common services CBOs reported contracting with health care entities to provide include care coordination/care management,

care transitions and assessment for LTSS eligibility. Other areas of contracting growth included nutrition and evidence-based health promotion programs (see Figure 3).

Figure 3: Most Common Services Provided Through Contracts

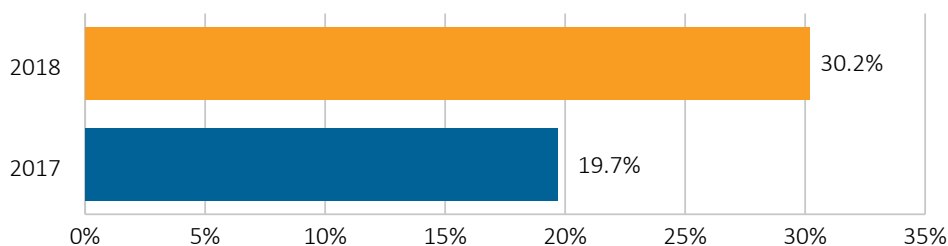


Source: Scripps Gerontology Center, *Community-Based Organizations and Health Care Contracting: Building and Strengthening Partnerships*, <http://miamioh.edu/cas/academics/centers/scripps/research/publications/2018/11/community-based-organizations-and-health-care-contracting-building-and-strengthening-partnerships.html>.

The 2017 and 2018 survey responses demonstrate an exciting and important trend toward growth in the number of CBO networks (see Figure 4), with more than 30 percent of CBOs holding health care contracts responding that they had entered into one or more of those contracts as part of a community-based network.

This development represents a 65 percent increase over 2017, indicating strong interest and motivation on the part of CBOs to form community-based integrated care networks to meet the needs of health care providers and payers and those whom they serve.

Figure 4: CBOs Contracting Through Networks by Year

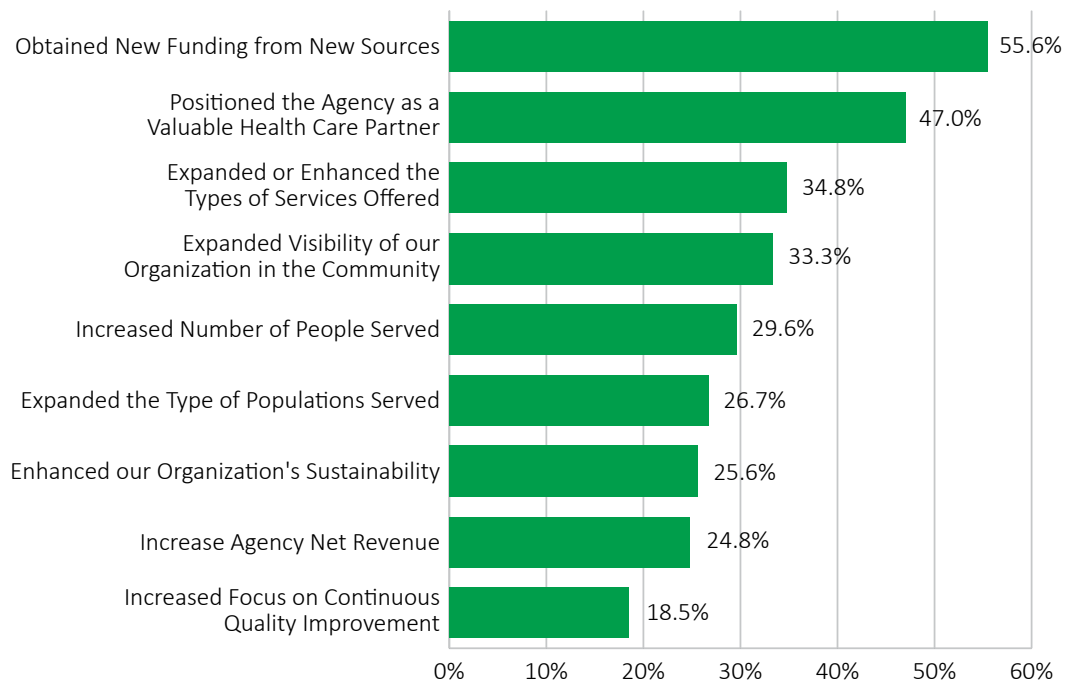


Source: Scripps Gerontology Center, *Community-Based Organizations and Health Care Contracting: Building and Strengthening Partnerships*, <http://miamioh.edu/cas/academics/centers/scripps/research/publications/2018/11/community-based-organizations-and-health-care-contracting-building-and-strengthening-partnerships.html>.

In terms of benefits for CBOs in health care contracting, nearly 25 percent of the CBOs contracting with health care entities reported that their organization's net revenue had increased as a result of these contracts. More than 55 percent of responding CBOs with contracts indicated that these contracts had helped to

diversify their funding streams, which represent early signs that this type of contracting has the potential to impact funding and the long-term sustainability of CBOs that enter into contracts with health care (see Figure 5).

Figure 5: **Most Common Experiences of Contracting**



Source: Scripps Gerontology Center, *Community-Based Organizations and Health Care Contracting: Building and Strengthening Partnerships*, <http://miamioh.edu/cas/academics/centers/scripps/research/publications/2018/11/community-based-organizations-and-health-care-contracting-building-and-strengthening-partnerships.html>.

Despite the potential financial gains posed by working with health care, either as part of a CBO network or independently, CBOs responding to the 2018 survey indicate that this contracting work is not without its challenges. Among the challenges reported by CBOs engaged in health care contracting work are developing

mutually understood language and communication for proposed programs/services; attitudes of health care professionals toward CBOs; and difficulty integrating community-based services into health care system workflows, (see Table 1).

Table 1: **Top 5 Challenges in Contracting by Contracting Status**

	Organizations with one or more contracts (n=274)		Organizations with no contracts but pursuing (n=122)		Organizations with no contracts and not pursuing (but tried and were unsuccessful) (n=28)	
1	Time it takes to establish a contract	33.9%	Common understanding of proposed programs/services	39.3%	Attitudes of health care professionals toward your organization	42.9%
2	Common understanding of proposed programs/services	33.6%	Integration of your organization's services into health care system workflow	38.5%	Competing priorities within the health care community	35.7%
3	Referrals and volume	27.4%	Attitudes of health care professionals toward your organization	34.4%	Leadership changes within health care entities	32.1%
4	Attitudes of health care professionals toward your organization	25.9%	Willingness of your organization to take financial risk	27.9%	Integration of your organization's services into health care system workflow	32.1%
5	Integration of your organization's services into health care system workflow	24.8%	Time it takes to establish a contract	27.0%	Common understanding of proposed programs/services	28.6%

Source: Scripps Gerontology Center, *Community-Based Organizations and Health Care Contracting: Building and Strengthening Partnerships*, <http://miamioh.edu/cas/academics/centers/scripps/research/publications/2018/11/community-based-organizations-and-health-care-contracting-building-and-strengthening-partnerships.html>.

About the Stakeholder Meeting

Reflecting on this progress over the past several years, the goals of the June stakeholder meeting included assessing the needs, opportunities and pathways forward for business acumen development and integrated care for aging and disability organizations.

Participants were asked to reflect on these two questions:

- Thinking about where we are now, what are the opportunities and barriers to integrated care and contracting between health care and CBOs?
- What can we collectively do to support CBOs as they enter into and expand upon these partnerships?

This report is a summary of the issues identified at the meeting and recommended action steps to address the challenges identified and to capitalize on the opportunities that exist for CBOs.

Issue: Start-Up Capital for CBO Infrastructure Development

Need/Challenge: Lack of start-up capital and agency reserves hinders the ability of CBOs to invest in staffing and infrastructure (i.e., information technology/IT, billing systems, etc.) needed for health care partnership development and contracting. CBOs that serve older adults and people with disabilities under integrated care contracts typically are paid retroactively for these services and there can be significant lag time in reimbursement. This can impede their ability to scale or even maintain service capacity without sufficient infrastructure and funding reserves in place.

Recommended Action Steps:

- Federal agencies, including ACL and the Centers for Medicare & Medicaid Services (CMS); state agencies; and private philanthropies, such as local and conversion foundations, should provide:
 - Grant funding that can provide seed money to CBOs to help them build the infrastructure needed to develop health care partnerships that address the social determinants of health (SDOH) and community living needs.

- Funding for technical assistance to CBOs to assist with the infrastructure development necessary for health care contracting, including to help CBOs with hiring and training staff, developing management systems for contract implementation and implementing quality improvement measures and practices.
- CBOs should seek to build infrastructure development and maintenance costs into their service pricing considerations when entering into health care contracts.
- Federal agencies and aging and disability CBOs should explore partnerships and opportunities for new forms of financing for CBO development costs, including bridge or low-impact loans and venture capital, especially social venture capital funds.
- Health care providers and payers should consider providing bridge capital to CBOs at the outset of contracts to assist with staffing and infrastructure development. This could be a potential role for insurer/health plan foundations or local foundations.

Related Resources

Boosting the Sustainability of Community-Based Organizations, a blog post written by ACL describes ways to boost the sustainability of CBOs (<https://www.aginganddisabilitybusinessinstitute.org/boosting-the-sustainability-of-community-based-organizations>).

The *Readiness Assessment* tool developed by the Business Institute helps CBOs determine their preparedness to contract with health care entities (<https://www.aginganddisabilitybusinessinstitute.org/assessment-intro>).

Network Business Structure Readiness Review is an ACL resource that provides a structure to support CBOs seeking to formalize a business network (<https://www.aginganddisabilitybusinessinstitute.org/resources/network-business-structure-readiness-review>).

Issue: CBO Staffing and Business Orientation

Need/Challenge: CBOs must consider many fundamental elements to developing a business orientation prior to engaging in contracting work. Some examples discussed by meeting attendees include assessing skills and gaps in current staffing and encouraging CBOs to hire for new roles and skillsets such as IT and business development. Additionally, attendees agreed that many CBOs will have to engage in formal culture change activities before and during to appropriately adjust for contracting work with health care entities.

Recommended Action Steps:

- CBOs interested in health care contracting should use existing assessment tools and resources such as those made available by the Business Institute (<https://www.aginganddisabilitybusinessinstitute.org/assessment-intro>) to gauge their readiness to explore new contracting opportunities, expand service options and assess their need for capacity building assistance.
- Private and public funders should offer funding opportunities to aging and disability CBOs that are interested in working on culture change and other preparatory work to engage in health care contracting.
- Federal agencies and national organizations should continue to offer training and technical assistance as well as tools for organizations that are at the start of their contracting journeys with health care entities, including but not limited to:
 - model job descriptions of positions that can help CBOs as they build the business capacity of their organization through new hires;
 - resources for assessing skillsets needed by staff that will be engaged in different roles related to health care contracting work and for providing staff development opportunities and pathways to new positions related to health care contracting; and
 - case studies of aging and disability CBOs that have successfully integrated new positions related to business development into their organizational structures.

Related Resources

Key Job Descriptions for CBOs is a Business Institute resource that includes sample job descriptions for key CBO employees of CBOs (<https://www.aginganddisabilitybusinessinstitute.org/resources/key-job-descriptions-for-cbo>).

Published by the Business Institute, *Resource Guide: How to Build a Business Case for CBO Services* helps CBOs build a compelling business case for their community-based services (<https://www.aginganddisabilitybusinessinstitute.org/resources/how-to-build-a-business-case-for-cbo-services>).

Change in Aging and Disability CBOs, a Business Institute blog post, describes ways CBOs can handle culture changes. *Culture* (<https://www.aginganddisabilitybusinessinstitute.org/culture-change-in-aging-and-disability-cbos>).

Issue: Delivering Services in New Ways and to New Populations

Need/Challenge: Contracting with health care providers and payers may require CBOs to think differently about the way they deliver services and the populations they serve. This may include looking into the availability of 24/7 staffing, virtual care management, telehealth services, or the possibility of serving new populations such as people with substance use disorders, people with behavioral or mental health needs or those who may be homeless.

Recommended Action Steps:

- Federal agencies including ACL and CMS, state agencies and national organizations should provide training and technical assistance resources to help CBOs to:
 - expand their service options, operations and portfolios;
 - navigate differing organizational cultures in partnerships; and
 - perform business development activities and pilot testing of new models of service.
- State agencies, state and local associations of nonprofits, and philanthropy should convene different sectors of human service and public health organizations to encourage network

development between sectors to better address the health needs of individuals, families and communities.

- As CBOs form networks to respond to contracting opportunities, they should seek partnerships with other CBOs that specialize in meeting the needs of new target populations.
- CBOs interested in health care contracting should utilize existing assessment tools and resources to gauge their partnership development readiness.

Related Resources

The *Business Institute's Readiness Assessment* tool helps CBOs determine their level of preparedness to contract with health care entities (<https://www.aginganddisabilitybusinessinstitute.org/assessment-intro>).

The Business Institute blog post *Culture Change in Aging and Disability CBOs* talks about how to handle culture changes in your organization (<https://www.aginganddisabilitybusinessinstitute.org/culture-change-in-aging-and-disability-cbos/>).

Issue: CBO Ability to Accept Risk

Needs/Challenges: As the U.S. health care and LTSS systems continue their march toward value-based payment and as aging and disability CBOs increase their engagement in health care contracting, the ability to accept risk (upside and downside) and to be paid via risk-sharing arrangements will become increasingly important. The Business Institute's 2018 RFI survey found that 15 percent of responding CBOs indicated that "willingness of your organization to take financial risk" was one of their biggest challenges in contracting while 12 percent indicated that "additional risk, insurance and compliance required" was a major challenge for them in health care contracting (see Table 1). The transition to contracting with health care entities can be difficult for CBOs used to grant-based or fee-for-service payment, particularly for those that are part of city or county government structures. However, moving into partnerships with health care may be necessary for CBOs seeking to develop and maintain a solid financial base of operations.

Recommended Action Steps:

- Policymakers and national organizations should continue and enhance efforts to provide technical assistance to CBOs taking on risk-based contracts with health care organizations. This technical assistance should focus on:
 - helping CBOs develop a base of knowledge about risk-based health care payment structures so they can build successful risk-based contracting proposals with adequate funding for their services/service packages;
 - developing tools to help CBOs assess their ability to take on risk.
- CBOs need to have an adequate understanding of their agency’s cost structures in order to price their services accordingly and meet contractual requirements regarding availability of services, service capacity, quality of care, infrastructure and data needs.

Related Resources

Cost-Modeling for CBO Services for Healthcare Partnership Success, a how-to guide from the Business Institute demonstrates the factors that should be considered in developing cost modeling (<http://www.aginganddisabilitybusinessinstitute.org/wp-content/uploads/2017/06/costmodelingcboservicesjune2.pdf>).

Tools for Community-Based Organizations – Pricing Guide: A Resource for Community-Based Organizations to Value and Price Services, from The SCAN Foundation, is a pricing guide intended to help CBOs determine the value and price of their services through pricing structures and strategies (<https://www.aginganddisabilitybusinessinstitute.org/resources/pricing-guide-resource-community-based-organizations-value-price-services>).

Tools for Community-Based Organizations – Budget & Financial Planning Tool, developed by The SCAN Foundation, helps CBOs in developing project budgets, determining potential revenues and projecting expenses (<https://www.aginganddisabilitybusinessinstitute.org/resources/tools-community-based-organizations-budget-financial-planning-tool>).

Tools for Community-Based Organizations – Cost Categorization Guide, from The SCAN Foundation, provides definitions and examples of the main types of costs involved in financial management (<https://www.aginganddisabilitybusinessinstitute.org/resources/cost-categorization-guide>).

Issue: Information Technology, Data Needs, Data Privacy and Security Concerns

Needs/Challenges: For effective partnerships between CBOs and health care entities, both parties must agree on key data elements to track and share via an interoperable system that can securely transmit data on individual service plans and provision, service and health outcomes. However, as of now, there is limited cross-sector interoperability and coordination of data elements, systems and procedures. This lack of coordination hinders contract development and stifles potential growth in the field. Furthermore, CBOs often report that the health care entities with which they partner are unwilling to share outcome data about the clients whom they’ve served under contract.

Stakeholders attending the meeting also discussed the complexities of privacy and security of consumer data. Attendees identified their lack of experience with the Health Insurance Portability and Accountability Act (HIPAA) rules as a barrier that could hinder partnerships and engagement with health care organizations. These rules require that health care organizations meet a set of national standards to protect consumers’ health information. Organizations that meet the definition of “covered entities” under HIPAA must comply with privacy rules established by the U.S. Department of Health and Human Services (HHS). Covered entities are defined in the HIPAA rules as (1) health plans, (2) health care clearinghouses, and (3) health care providers that electronically transmit any health information in connection with transactions for which HHS has adopted standards. If a covered entity engages a “business associate” to carry out health care activities it “must have a written business associate contract or other arrangement with the business associate that establishes specifically what the business associate has been engaged to do and requires the business associate to comply with...” HIPAA rules to protect the

privacy and security of protected health information.^{iv} CBOs that have contractual arrangements with health care organizations may be required to meet HIPAA privacy standards depending on the stipulations of their contract.

Recommended Action Steps:

- Federal and state agencies, CBOs and national organizations should assess the current IT infrastructure, capabilities and needs of CBOs to get a “state of the field.” Technical assistance should be provided to help CBOs develop the necessary expertise to build data systems that will encourage and sustain coordination with health care entities. This assessment should include the capability of CBOs to assure the privacy of consumer data.
- Federal agencies, including HHS and its Office of the National Coordinator for Health Information Technology, should develop and disseminate model data sharing agreements for use between health care entities and CBOs. Model agreements should include provisions that ensure CBOs have access to timely data from their health care contracting partners to enable them to assess quality of care and service outcomes and troubleshoot problems as they may arise.
- Federal policymakers and national organizations should provide and fund training and technical assistance resources to CBOs regarding HIPAA, Business Associate Agreements and CBO responsibilities to assure consumer data privacy.
- When possible, CBOs engaged in health care contracting should consider hiring—or contracting—an IT and data analysis expert to help them choose the systems that work best for them. Retaining technical expertise could help CBOs maximize the utility of the data that they collect by using it to improve agency and program performance and operations, and to build a stronger value proposition for future contracting targets.

- As part of the contract review process, CBOs should pay careful attention to provisions related to access to data about the services that they are expected to provide under any contracts with health care entities.

Related Resources

Partnership Profile: How CICOA Aging & In-Home Solutions Uses Data to Activate Services Faster and Deliver Value in Health Care Partnerships is a Business Institute resource that describes how CICOA used data to improve services (<https://www.aginganddisabilitybusinessinstitute.org/how-cicoa-aging-in-home-solutions-uses-data-to-activate-services-faster-and-deliver-value-in-health-care-partnerships>).

HIPAA & HITECH Compliance for CBO-Healthcare Partnerships is a Business Institute webinar that takes a deep dive into HIPAA and HITECH compliance for CBOs partnering with health care entities (<https://www.aginganddisabilitybusinessinstitute.org/resources/hipaa-hitech-compliance-for-cbo-healthcare-partnerships>).

Sample State License Business Agreement for Evidence-Based Program Data-Sharing Among CBOs, a resource from the National Council on Aging (NCOA), serves as a sample state license business agreement for evidence-based program data sharing among CBOs (<https://www.aginganddisabilitybusinessinstitute.org/resources/sample-state-license-business-agreement-evidence-based-program-data-sharing-among-cbos>).

The Base Case: An HIT Funding Opportunity for Area Agencies on Aging is a Business Institute blog post that looks at current and future challenges and opportunities of health IT (<https://www.aginganddisabilitybusinessinstitute.org/the-base-case-an-hit-funding-opportunity-for-area-agencies-on-aging>).

iv U.S. Department of Health and Human Services, *Covered Entities and Business Associates*, <https://www.hhs.gov/hipaa/for-professionals/covered-entities/index.html>.

Issue: Standards and Quality

Need/Challenge: While there are many similarities in the services provided under different contracts between CBOs and health care entities, language and definitions for these services vary greatly between the sectors. In addition, there is a lack of understanding on the part of health care entities of the data and quality standards for the services CBOs provide, which can lead to a belief that these services are not consistent or driven by data and quality.

While there is formal accreditation for certain services, it does not exist broadly for CBOs, nor is it clear that health care entities require accreditation for all services provided under contracts. The result is a need for a standard set of definitions for common services provided under contracts and quality standards or certification for CBOs and AAAs.

Recommended Action Steps:

- Federal policymakers and national organizations should develop standard definitions for common services provided by aging and disability CBOs and disseminate them in the field.
- Major stakeholders should engage in continued outreach at the national, state and local levels to promote the definitions, value propositions and quality of CBO services to health care payers and providers.

Issue: Marketing, Branding and Messaging

Need/Challenge: CBOs engaged in health care contracting work frequently cite that it can be a challenge to make connections with the right people in health care entities to pursue contracting. Additionally, the attitudes of health care professionals towards CBOs is consistently reported as one of the top five challenges identified by CBOs attempting to contract with health care entities (see Table 1). Meeting attendees reinforced the importance of these challenges and discussed the misconceptions health care professionals hold and the lack of awareness of the value of CBOs in addressing the SDOH. Meeting attendees also cited the lack of funding available for outreach, marketing and branding for CBOs as a challenge they encounter when engaging in outreach

to potential health care partners. Finally, stakeholders discussed the need to clarify to health care organizations that CBOs often operate on tight budgets and that the services they provide to consumers on behalf of these organizations are not already “paid for” by other funding streams.

Recommended Action Steps:

- While much has been done to promote the value of CBOs to health care entities in addressing the SDOH and community living needs, there is still a need for common messaging at the national, state and local levels about value and that the services CBOs provide are not free.
- A marketing toolkit that CBOs can use when conducting outreach to health care entities should be created. The toolkit should include standardized messaging that is proven to resonate with health care audiences.
- Public and private funders should view the development of branding and marketing strategies as part of infrastructure development that is included in funding opportunities. This additional funding will assist aging and disability CBOs with developing branding and marketing strategies as they prepare for health care contracting.
- Federal and state agencies as well as national and regional organizations should explore ways to facilitate opportunities to bring health care and CBOs together. Doing so will increase exposure between markets and break down barriers between the two groups.

Related Resources

Resource Guide: How to Build a Business Case for CBO Services, from the Business Institute, helps CBOs build a compelling business case for their community-based services (<https://www.aginganddisabilitybusinessinstitute.org/resources/how-to-build-a-business-case-for-cbo-services>).

In *Resource Guide: The How-To Guide for Marketing Centers for Independent Living Services to Health Plans and Payers*, the Business Institute walks readers through the steps needed to prepare and execute CIL and health care partnerships (<https://www.aginganddisabilitybusinessinstitute.org/resources/how-to-build-a-business-case-for-cbo-services>).

aginganddisabilitybusinessinstitute.org/resources/the-how-to-guide-for-marketing-centers-for-independent-living-services-to-health-plans-and-payers-2).

E-Learning Primer on Building Business Acumen for CBOs: Marketing Strategy and Competitive Analysis, an online course from The SCAN Foundation and The Health Foundation for Western & Central New York, is designed to help CBOs realize and market the value of their services (<https://www.aginganddisabilitybusinessinstitute.org/resources/e-learning-primer-building-business-acumen-cbos-marketing-strategy-competitive-analysis>).

Constructing a Value Proposition for Your Evidence-Based Programs is a Business Institute blog post that helps CBOs through the process of constructing a value proposition and communicating that value to potential partners (<https://www.aginganddisabilitybusinessinstitute.org/constructing-a-value-proposition-for-your-evidence-based-programs>).

Building a Foundation for Health Care and Community-Based Organizations Partnerships, a Business Institute blog post from Meals on Wheels America describes ways to open the door to sustainable health care partnerships (<https://www.aginganddisabilitybusinessinstitute.org/building-a-foundation-for-health-care-and-community-based-organizations-partnerships>).

Issue: Increasing the Number of CBO Networks Across the Country

Need/Challenge: Many health care organizations that operate on a regional or statewide basis indicate that they prefer to work with networks of CBOs rather than develop partnerships with individual CBOs. We also know that providing services through a network with shared infrastructure decreases costs to individual organizations, increases the geographic coverage and creates economies of scale when it comes to infrastructure needs. Meeting attendees discussed this desire on the part of health care entities to contract with networks, as well as the elements of successful CBO networks. Many of these networks are developing across the country as a result of the desire to increase the development of networks and support fledgling networks. This issue was consistently identified as an

area that needed technical assistance and tools to support efficient network development and operations. It was also acknowledged that there are other for-profit networks forming in this space that are both potential partners and competitors for aging and disability CBOs seeking to contract with health care entities.

Recommended Action Steps:

- National organizations should develop and promote tools to assess the readiness of CBO networks and their partners, and should support the development of networks during various stages.
- Private and public funders should make funding opportunities and technical assistance available for the development of infrastructure and operational needs of developing networks.
- CBOs should consider developing networks in their regions/states and actively reach out to networks already in existence. This may require outreach to and cooperation with organizations that CBOs might consider to be competitors in order to break down silos and meet the needs of health care providers and payers.

Related Resources

Addressing Social Determinants: Scaling Up Partnerships With Community-Based Organization Networks, a *Health Affairs* blog post written by Assistant Secretary for Aging and ACL Administrator Lance Robertson and The SCAN Foundation President and CEO Bruce Chernof highlights the growing capacity of AAAs and aging and disability CBOs to address the social determinants of health (<https://www.healthaffairs.org/doi/10.1377/hblog20200221.672385/full/>).

How Partners in Care Foundation Leverages a Large-Scale CBO Network to Improve Health Outcomes for One of California's Largest Health Plans is a Business Institute resource that details how Partners in Care Foundation leveraged a large-scale network while contracting with one of California's largest health plans (<https://www.aginganddisabilitybusinessinstitute.org/how-partners-in-care-foundation-leverages-a-large-scale-cbo-network-to-improve-health-outcomes-for-one-of-californias-largest-health-plans>).

Network Business Structure Readiness Review is an ACL resource that provides a structure to support CBOs seeking to formalize a business network (<https://www.aginganddisabilitybusinessinstitute.org/resources/network-business-structure-readiness-review>).

Business Acumen Case Study: Florida Network Evolves from Regional Collaborative to Statewide Network, an ACL case study details the transformation of a small collaboration turned into a statewide network (<https://www.aginganddisabilitybusinessinstitute.org/business-acumen-case-study-florida-network-evolves-from-regional-collaborative-to-statewide-network>).

Sample Memorandum of Understanding (MOU) Between a Lead CBO and its Subcontractors, a resource from NCOA, is a sample memorandum of understanding for network partners (<https://www.aginganddisabilitybusinessinstitute.org/resources/sample-memorandum-understanding-mou-lead-community-based-organization-cbo-subcontractors>).

Issue: Need for Evidence of Success from CBO/Health Care Partnerships

Need/Challenge: Research shows that CBO interventions in health care integration efforts have positive results on consumer health care outcomes and cost savings. Despite positive outcomes from numerous projects, stakeholders noted that there isn't one go-to place to review the results of CBO interventions. Stakeholders identified a need to create an accessible catalogue of CBO–health care interventions that would document health and cost savings outcomes. In addition, attendees identified a need to build the capacity of CBOs to collect and manage data from their interventions in order to judge effectiveness and cost-savings. Finally, contracts between health care organizations and CBOs need to be structured to encourage shared data.

Recommended Action Steps:

- National organizations should develop a repository of successful CBO–health care contracting case studies and other evidence to build the national case for success of CBO interventions.
- Private and public funders should make funding opportunities available for the development of infrastructure for data management for CBOs.

- ACL should consider creating a shared research agenda related to CBO intervention outcomes, and making funding opportunities available for research, pilots and cross-cultural exchanges between health care and CBOs.
- Health care entities should improve their policies on data sharing with contracted CBO partners to improve the ability of CBOs to build a body of evidence.

Related Resources

“New Health Affairs Research Article Links AAAs to Better Health Outcomes and Lower Health Care Utilization,” a *Health Affairs* article showcases results from a study finding that partnerships between health care entities and AAAs reduce hospital readmissions and spending (<https://www.aginganddisabilitybusinessinstitute.org/resources/new-health-affairs-research-article-links-aas-to-better-health-outcomes-and-lower-health-care-utilization>).

To Measure or Not to Measure: Tracking Evidence-Based Program Outcomes: You Do Not Need To Reinvent the Wheel, a blog post from the Business Institute, describes the importance of tracking program outcomes (<https://www.aginganddisabilitybusinessinstitute.org/tn.html>).

Community-Based Organizations and Health Care Contracting: Building & Strengthening Partnerships, a research brief developed by Scripps Gerontology Center, details the results of the Business Institute's 2018 request for information survey—diving into how the contracting landscape has changed over the past year (<https://www.aginganddisabilitybusinessinstitute.org/resources/community-based-organizations-and-health-care-contracting-building-strengthening-partnerships>).

Issue: Contracting Needs and Incentives

Need/Challenge: Other CBO needs and opportunities emerged during the meeting that could further spur contracting between health care and social service organizations such as enhanced revenue generation for CBOs under contract. First was the need for policy support and incentives for health care entities to contract with aging and disability CBOs. Second,

stakeholders also cited issues related to the volume of consumers served under health care contracts. In some cases, health care organizations were asking CBOs to increase the volume of their caseloads to meet unexpected demand. In other cases, volume was lower than expected—or even explicitly stated—due to workflow issues, lack of support from the health care partner or a failure to include a minimum volume requirement provision in a contract. This created staffing problems for CBOs and prevented them from achieving the volume needed to generate revenue.

Recommended Action Steps:

- ACL and CMS should continue to increase their coordination and partnership regarding the roles CBOs can play in development and growth of integrated health care systems.
- CMS and states should consider incentivizing health care–CBO contracting via integrated care contracting vehicles and quality benchmarks for health plans and providers.
- National organizations should make available examples of contracts between health care entities and CBOs that can support and enhance referrals and volume generation.
- CBOs should review contracts with health care entities carefully to ensure that there are minimum volume requirements that ensure volume and revenue generation. Contracts should also contain requirements for a Joint Operating Committee that includes leadership from the health care entity and CBO involved in the contract to develop effective workflows that can lead to volume generation and effective operations.

Related Resources

Sample Memorandum of Understanding (MOU) between a CBO and a hospital, a resource from NCOA is a sample memorandum of understanding between a CBO and a hospital (<https://www.aginganddisabilitybusinessinstitute.org/resources/sample-memorandum-understanding-mou-community-based-organization-cbo-hospital>).

Template agreements for community-based organization networks, developed with the support

of ACL, serve as templates for CBOs forming networks (<https://www.aginganddisabilitybusinessinstitute.org/resources/template-agreements-for-community-based-organization-networks>).

Getting the Contract: Reimbursement for Evidence-Based Programs, a Business Institute blog post outlines the considerations a CBO may face when beginning a new contract or partnership (<https://www.aginganddisabilitybusinessinstitute.org/getting-the-contract-reimbursement-for-evidence-based-programs>).

Issue: Making Business Acumen a Routine

Need/Challenge: Meeting participants agreed that the most successful CBOs integrate business acumen practices into their everyday workflow. This integration is about more than just health care contracting; it is about the continued development of business acumen at all levels of a CBO's operations. Business acumen will continue to transform aging and disability networks by increasing quality improvement, supporting the movement to outcomes over outputs and improving the sustainability of aging and disability CBOs.

Recommended Action Steps:

- ACL should consider ways states and AAAs can incorporate business acumen training and development into state and area plans.
- ACL should fund and national organizations such as n4a and ADvancing States should offer regular training for AAAs and state directors about the goals of integrated care and the roles that states and AAAs can play in fostering increased health care–CBO contracting.

Related Resources

E-Learning Primer on Building Business Acumen for CBOs: How to Make A Business Case is a five-part online course from The SCAN Foundation and The Health Foundation for Western & Central New York helps CBOs develop a convincing business case for their community-based services (<https://www.aginganddisabilitybusinessinstitute.org/resources/e-learning-primer-building-business-acumen-cbos-make-business-case>).

Embracing the Culture of Accountability: How We Measure Success in Achieving Our Mission is a Business Institute Success Story that provides an overview of how Elder Services of the Merrimack Valley has embraced the culture of accountability as a part of the transformation required to contract with health care entities (<https://www.aginganddisabilitybusinessinstitute.org/resources/embracing-the-culture-of-accountability-how-we-measure-success-in-achieving-our-mission>).

Issue: Consumers Must be Engaged and Seek Integrated Care

Need/Challenge: While this paper focuses primarily on what CBOs and health care entities can do to increase these partnerships, consumers can play a critical role in increasing access to quality integrated care as well. A 2019 survey conducted by n4a and Anthem showed that many older adults (59 percent) still find at least one thing difficult when navigating the health care system, such as understanding their benefits, understanding their diagnoses and deciding on treatment and communicating effectively with their health care providers.^v Many of the services offered by CBOs through cross-sector partnerships can address these challenges and help activate and empower older adults and people with disabilities to better manage their chronic illnesses and overall health. Yet, many consumers don't understand how to access those resources nor are they demanding it of their health care plans or systems. Creating consumer demand can help increase the market demand for cross-sector partnerships to provide integrated care.

Recommended Action Steps:

- Aging and disability CBOs should conduct increased outreach to public health and national chronic disease associations, such as the American Diabetes Association, the Alzheimer's Association and other consumer-facing organizations, on the need for integrated and coordinated care. This outreach should incorporate advocacy to caregivers and consumers on the need for integrated care.
- CBOs should incorporate information on integrated care in their outreach to consumers and caregivers to increase consumer demand for improved integrated care offerings.

Conclusion

While much progress has been made over the past several years related to contracting between CBOs and health care providers and payers, there is still much work to be done, as evidenced by the robust discussion of issues and suggested action steps that are described in this paper. A key next step in this process is for the stakeholders discussed in this report—federal agencies, philanthropies, national organizations, states and CBOs—to review and prioritize the recommendations included in this paper for forward action and seek to partner on cross-cutting issues that can continue progress toward building an integrated health care and LTSS system that is supported by robust partnerships and contracting between health care organizations and CBOs and that meets the holistic needs of older adults, people with disabilities and their caregivers.

^v The National Association of Area Agencies on Aging (n4a) and Anthem, Inc., *8 in 10 Older Americans Believe They Are Prepared to Age Well, But Need Help Understanding Their Benefits and Navigating the Health Care System*, <https://www.n4a.org/content.asp?admin=Y&contentid=1002>.

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The Aging and Disability Business Institute is led by the National Association of Area Agencies on Aging (n4a) in partnership with the most experienced and respected organizations in the aging and disability networks. Together, these organizations provide Area Agencies on Aging and other community-based organizations (CBOs) with tools and resources, they can use to successfully adapt to a changing health care environment, enhance their organizational capacity and capitalize on emerging opportunities to diversify funding. Serving as the national focal point to build the business acumen of CBOs, the Aging and Disability Business Institute focuses on building skills and knowledge across business disciplines, while looking ahead to the future of aging and disability services.

The overarching vision of this initiative is to improve the health and well-being of America's older adults and people with disabilities through improved and increased access to quality services and evidence-based programs. Such access can address the social determinants of health for older adults and people with disabilities, and help them live with dignity and independence in their homes and communities. Building the business capacity of aging and disability CBOs, enabling them to effectively contract with health care payers, will ultimately lead to improved quality of life for older adults and people with disabilities through better integration and coordination of a wide array of medical and social services and supports.

This publication was produced by the Aging and Disability Business Institute. Led by The National Association of Area Agencies on Aging (n4a) in partnership with the most experienced and respected organizations in the Aging and Disability Networks, the mission of the Business Institute is to build and strengthen partnerships between aging and disability community-based organizations and the health care system. The Business Institute provides community-based organizations with the tools and resources to successfully adapt to a changing health care environment, enhance their organizational capacity and capitalize on emerging opportunities to diversify funding. Learn more at www.aginganddisabilitybusinessinstitute.org.